

Docket No.: 107594

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

MULTILAYER FLEXIBLE WIRING BOARDS AND PROCESSES FOR MANUFACTURING MULTILAYER FLEXIBLE described and claimed in the specification:

WIRING BOARDS

Check one

COR OME				
*a.	attached here	to.		
b.	☐ filed on	as Application No.	and amended on	(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No.11-294686 filed October 18, 1999

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

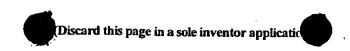
I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771 and Mario A. Costantino, Reg. No. 33,565.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten Full Nam	ie							
*Inventor's Signature:		HIDEYUKI				KURITA	KURITA	
		Given Name		Middle				
*Date of Signature:					16	200	0	
Residence:	Chuou-k	Month tu		Toky	Day 70	Year JAPAN		
	Ci	ty	•	State or	Province	Countr		
Citizenship:	JAPANESE						•	
	Post Office Address: (Insert complete	c/o Sony	Chemicals	Corp.	6-3,	Nihonbashimuromac	hi	
	mailing address, including country)	1-chame,	Chuou-ku,	Tokyo	103-831	12 JAPAN		
*If Box (a.) is check	ced, this form may be ex							
**Note to Inventor:	Please sign name exactly	as it appears ab	ove and insert ac	tual date o	f signing.	,		
IF	THERE IS MORE TH	IAN ONE INV	ENTOR USE P.	AGE 2 AN	D PLACE	AN "X" HERE □		
10/0/		~						



1	Typewritten Full Name of Joint Inventor	HIDOWAY		
2	Inventor's Signature:	Given Name	Middle Initial	HISHINIMA Family Name
3		<u> Viroyuhī</u>		- Historiuma
3	Date of Signature:	Month	Day	2000
	Residence: Kanu	ma-shi	Tochigi	Year JAPAN
		City	State or Province	Country
	Citizenship:JAPAI	NESE		
	Post Office Address:	c/o Sony Chemica	ıls Corp. Dai-2 Facto	ory
	(Insert complete mailing address, including country	12-3, Satsuki-0	cho Kanuma-shi, Tochi	igi 322-8502 JAPAN
1	Typewritten Full Name of Joint Inventor			
2	Inventor's Signature:	Given Name	Middle Initial	Family Name
3	Date of Signature:			
	Residence:	Month	Day	Year
	Citizenship:	City	State or Province	Country
	Post Office Address: (Insert complete mailing address, including country))		
1	Typewritten Full Name of Joint Inventor			
2	Inventor's Signature:	Given Name	Middle Initial	Family Name
3	Date of Signature:			
	Residence:	Month	Day	Year
	Citizenship:	City	State or Province	Country
	Post Office Address: (Insert complete mailing address, including country)			
1	Typewritten Full Name of Joint Inventor			,
2	Inventor's Signature:	Given Name	Middle Initial	Family Name
3	Date of Signature:			
	Residence:	Month	Day	Year
	Citizenship:	City	State or Province	Country
	Post Office Address: (Insert complete mailing address, including country)			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.